## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			3				ſ	RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			3 min	nus 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *					X43=		OR	X86=	
MU	LTIPLE DEPEN	NDENT CLAIM PF	RESENT				Ì	+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						(Column 3)		OTHER THAN SMALL ENTITY OR SMALL ENTIT				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMEI	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		OB	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			AUDII. FEL	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		<b>'</b>	+145=		OR	+290=	
		<b>ـ</b> م	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
\ME!	Independent	*	Minus	***	: -:-	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* 'If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  OR											TOTAL ADDIT. FEE	
***	If the "Highest Nur	mber Previously Pa nber Previously Paid	aid For" IN THIS	S SPACE is	s less tha	an 3, enter "3."			ropriate box		-	